

Amended

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 01986	2 Fiscal Year Covered From <div style="text-align: center;">1 / 1 / 2005 Through 12 / 31 / 2005</div>
3 Name and address of person filing Name Edward Coryell P O Box Bldg Room No if any Street 1803 Spring Garden Street City Philadelphia State Pennsylvania ZIP Code + 4 19130	4 Name file number and address of labor organization Name Metropolitan Regional Council of Carpenters Labor Organization File Number 006-173 P O Box Building and Room Number if any Street 1803 Spring Garden Street City Philadelphia State Pennsylvania ZIP Code + 4 19130
5 Position in labor organization Executive Secretary-Treas/Bus Mgr	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 	7 a Nature of Interest Transaction or Income <div style="border: 1px solid black; height: 80px; margin: 5px 0;"></div> 7 b Amount <div style="border: 1px solid black; height: 40px; margin: 5px 0;"></div>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed Edward Coryell	On 4-6-06 215-569-1634 <div style="display: flex; justify-content: space-between; font-size: 0.8em;">DateTelephone Number</div>

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Independence Blue Cross

Trade Name if any

P O Box Bldg Room No if any

Street 1901 Market Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19130

9 Business deals with

- ☐ a Labor Organization
- ☒ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Carpenters Health and Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 1807 Spring Garden Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19130

11 a Nature of such dealing

The Carpenters Health and Welfare Fund has an Insurance contract with Independence Blue Cross to provide health benefits to its members and dependents

11 b Approximate dollar value of such dealing

\$32 600 944

12 a Nature of interest held or income received

Director's fees for attending Board and Committee meetings

12 b Amount

\$19 800

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Part B Continuation Page

8 Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Standish Mellon Asset Management Company LLC

Trade Name if any

P O Box Bldg Room No if any Suite 5400

Street One Mellon Center

City Pittsburgh

State Pennsylvania ZIP Code + 4 15258-0001

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Carpenters Pension and Annuity Funds

Trade Name if any

P O Box Bldg Room No if any

Street 1811 Spring Garden Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19130

11 a Nature of such dealing

Investment advisory fees

11 b Approximate dollar value of such dealing

\$595,000

12 a Nature of interest held or income received

Sporting event tickets on

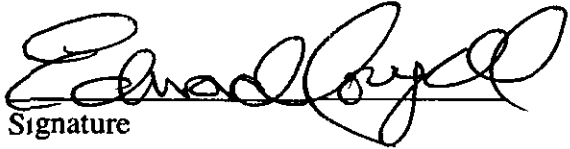
1/31/2005 3/2/2005 - \$ 896 00

Dinner to discuss Trust Fund Business - \$ 263 00

12 b Amount

DISCLAIMER

The transactions, dealings and interest that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1 2005 to December 31, 2005. If in the future it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1 2005 to December 31, 2005 I will immediately file an amended LM-30 Report.


Signature

4-6-06
Date